

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: January 1 - March 1 • Filing (FORM MUST BE TYPED OR PRINTED IN BIACK)	Fee: \$50.00	TOR THE TEAR			
1. Corporate ID No. 2. Name of Corporation Michael J. Crock	er, Esq., P.C.				
3. Street Address Principal Business Office 1345 Warwick Avenue		City: Warwick	State	Z(p	
4. Business Phone No (401) 463-1990	5. State of Incorporation RHODE ISLAND	I MAI WICK	RI	02888 6. SIC Code	
7. Brief Description of the Character of Business Conducted in RF TO ENGAGE IN THE PRACTICE OF LAW					
8. NAMES AND ADDRESSES OF THE OFFICERS:	("X" BOX FOR ATTAC		CES BEFORE USING A	TTACHMENTS	
Michael J. Crocker	, Esq.	Vice President Name Mich	ael J. Crocke	er, Esq.	
Sireei Address 301 No. Country Cl	ub Dr.	Street Address 301	301 No. Country Club Dr.		
Warwick RI	^{Zip} 02888	City Warwick	State R I	^{Zφ} 02888	
Michael J. Crocker	, Esq.	Treasurer Name Mich	ael J. Crocke	er, Esq.	
301 No. Country Ci	ub Dr.	Street Address 301 No. Country Club Dr.		Club Dr.	
City Warwick State RI	2ιρ 02888	City Warwick	State R I	^{2φ} 02888	
9. NAMES AND ADDRESSES OF THE DIRECTORS Director Name Michael J. Crocker	Esq	GHMENT) A FILLTINGS Director Name None	PAGES BEPORE USING	ATTACHMENTS	
Street Address 301 No. Country C1	ub Dr.	Sirvet Address			
Warwick State RI	02888	City	State	Zip	
Director Name None None None				•••••••••••	
Street Address		Street Address			
City State	Zψ	City [,]	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTA AUTHORIZED SHARES	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMI	 [7N]	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE		None			
This report must be signed in ink by eithe	r the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treasurer, Re-	ceiver or Trustee	
			y, I declare and affirm that	I have examined this repor	

File Date 1-21-05

Check No. 2730

By: ______FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are reset and correse.

contained nergyn are loge and correge

Signature of Officer

Michael J. Crocker, Esq. .

Print or Type Name of Officer

President

Title of Officer

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222.3040

ROFIT	CORPORATION	ANNUAL REPORT	FOR THE YEAR	2004

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Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040



2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1 Corporate ID No.	2. Name of Corporat	ion			.,
118670	Michael J. C	rocker, Esq., P.C.			
3. Street Address Principal Busine	ess Office		City	State	Zip
1345 Warw	ick Avenue		Warwick	RI	02888
4. Business Phone No. (401) 463-1	990	5 State of Incorporation	,		6. SIC Code
7. Brief Description of the Charac		RHODE ISLANI	, gage in the prac	otice of law	and to
		· =	ed from time to	time	and to
8. NAMES AND ADDRI				BEFORE USING ATTA	CHMENTS
	Crocker, Es	s a		Crocker, Esc	•
Street Address 83 Longwoo		- 4 .	Street Address 83 Longwood		1 ·
Warwick	State RI	^{Zip} 02888	^{Croy} Warwick	State . RI	^{Zip} 02888
Secretary Name		•	Treasurer Name		F
Michael J.	Crocker, Esc	a .	Michael J.	Crocker, Esc	٦.
Street Address 83 Longwood		•	Street Address 83 Longwood		1
City	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888
9. NAMES AND ADDRI	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATT	PACHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Michael J.	Crocker, Esc	4.	None		
Street Address			Street Address		
83 Longwood	Avenue				
Warwick	State RI	^{Z₁p} 02888	City	State	Zip
Director Name	•		Director Name		•
None			None		
Street Address		·	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	P.E.D. ("X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES	44. 		ISSUED SHARES		- w·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		No par	None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 8 6 7 0 *
File Date:	2/24/03
Check No	1764
By:	STATE LISE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements gontained heren are true and correct.

Michael J. CRocky

Print or Type Name of Officer

Mrs. dut Title of Officer

S دونتي

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

riting rerioa: january 1-march 1	•	Filing Fec: \$50.00	
(FORM MUST BE TYPED IN BLACK)			

1. Corporate ID No.	2. Name of Corpora	ation			
118670	Michael J. C	Crocker, Esq., P.C.			
3. Street Address Principal Busi.		• • •	City	State	Zip
1345 Warwic Laustness Phone Ro. (401) 463-1		5 State of Incorporation		RI	02888 \$1810 Code
7. Brief Description of the Char	acter of Business Conducted	in Rhode Island to en	gage in the pra	ctice of law	and to conduct
8. NAMES AND ADDR	iness autho: RESSES OF THE OFF	rized from ti	me to time.unde ACHMENT) FILLINSPACE	r the S BEFORE USING ATTA	
President Name Michael J. C Street Address	rocker, Esq		Vice President Name Michael J. Street Address	Crocker, Esq.	
83 Longwood	Avenue State	Zip	83 Longwood	Avenue	Zip
Warwick Secretary Name	RI	02888	Warwick Treasurer Name	RI	02888
Michael J. C Street Address	_	•	Street Address	Crocker, Esq.	
83 Longwood			83 Longwood		
Warwick	State RI	^{Zip} 02888	. Warwick	State RI	^{zir} 02888
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	
Michael J. C	•	•	None Street Address		
83 Longwood		•			
cuy Warwick	^{State} RI	02888	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("x" box for att	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		No Par	None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3-18-02	
Check No.:	1346	
Ву:	<u>a</u>	<u>. </u>
FOR SECRETA	RY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained byrein are true and correct.

Signature of Officer Date

Michael J. Crocker

Print or Type Name of Officer

Title of Officer **ح⊕** 5

Form 630 12/01